| Application or Docket Number   |   |   |                 |           |                |                          |        |         |                         |                        |        |                 | ber                    | İ  |  |
|--|---|---|-----------------|-----------|----------------|--------------------------|--------|---------|-------------------------|------------------------|--------|-----------------|------------------------|----|--|
| PATENT APPLICATION FEE DETERMINATION RECORD 10/086, 296                  |   |   |                 |           |                |                          |        |         |                         |                        |        |                 |                        |    |  |
| Effective October 1, 2001 TPGZCOLCO SYUS                                 |   |   |                 |           |                |                          |        |         |                         |                        |        |                 | US/                    |    |  |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH                           |   |   |                 |           |                |                          |        |         |                         |                        |        |                 | THAN                   | Ì  |  |
|  |   |   | (Column 1       | )         | (Column 2)     |                          |        | TYPE    |                         | □ OR                   |        | SMALL ENTITY    |                        |    |  |
| TOTAL CLAIMS   |   |   | 15              |           |                |                          |        | RA'     | ſΕ                      | FEE                    |        | RATE            | FEE                    |    |  |
| FOR  |   |   | NUMBER FILED    |           | NUMBER EXTRA   |                          |        | BASIC   | FEE                     | 370.00                 | OR     | BASIC FEE       | 740.00                 |    |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | /'Ç minus 20=   |           | •              |                          |        | X\$ 9=  |                         |                        | OR     | X\$18=          |                        |    |  |
| IND  | EPENDENT CL   | AIMS                                      | 6 minus 3 =     |           | ٠ ٦            |                          | ,      | X42=    |                         |                        | OR     | X84=            | 252                    |    |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PF                             | ESENT           |           |                |                          |        | +140=   |                         |                        | OR     | +280=           |                        |    |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2 |   |   |                 |           |                |                          |        | TO      | AL                      |                        | OR     | TOTAL           | 992.                   | L  |  |
| CLAIMS AS AMENDED - PART II  |   |   |                 |           |                |                          |        |         |                         | L                      | ,      | OTHER           |                        |    |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                 |           |                |                          |        | SM      | ALL                     | ENTITY                 | OR     | SMALL           | ENTITY                 |    |  |
| MTA  | er e  | CLAIMS<br>REMAINING<br>AFTER              |                 |           | BER<br>CUSLY   | ER PRESENT<br>ISLY EXTRA |        | RA      | TE                      | ADDI-<br>TIONAL<br>FEE |        | RATE            | ADDI-<br>TIONAL<br>FEE |    |  |
| AMENDMENT A  | Total   | • /G                                      | Minus           | ** C      | 2.0            | • /                      |        | X\$     | 9=                      |                        | OR     | X\$18=          | 1,55                   |    |  |
| ME   | independent   | . 6                                       | Minus           | 444       | 6              | -                        |        | X4      | 2=                      |                        | OR     | X84=            |                        | 1  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                 |           |                |                          |        | +14     | IO=.                    |                        | OR     | +280=           |                        | ]  |  |
|  |   |   |                 |           |                |                          |        |         | OTAL                    |                        | OR     | TOTAL           |                        | 1  |  |
| 9  | 9/13/05 (Column 1) (Column 2) (Column 3)  |   |                 |           |                |                          |        |         | ADDIT, FEEOR ADDIT, FEE |                        |        |                 |                        |    |  |
|  | . "   | CLAIMS                                    |                 | HIG       | HEST           |                          | ነ      |         |                         | ADDI-                  | 1      |                 | ADDI-                  | 1  |  |
| N<br>N   |   | REMAINING<br>AFTER                        |                 | PREV      | MBER           | PRESENT<br>EXTRA         |        | RATE    |                         | TIONAL<br>FEE          |        | RATE            | TIONAL<br>FEE          | •  |  |
| MENDMENT   | Total   | AMENDMENT                                 | Minus           | ** 6      | PFOB           | - /                      | 1      |         |                         | /                      | OR     | X\$18=          | FEE                    | 1  |  |
|  | Independent   | . 4                                       | Minus           | ***       | 0              | = /                      | 1      |         | 2=                      | -                      | OR     | You             | 1/                     | 1  |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                 |           |                |                          |        | -       |                         | -                      |        |                 | <del> </del>           | 1  |  |
|  |   |   |                 |           |                |                          |        |         | IO=<br>OTAL             | -                      | OR     | TOTA            | <u> </u>               | 4  |  |
|  |   |   |                 |           |                |                          |        |         |                         | -                      | JOR    | ADDIT. FE       | È <b>L</b>             | 4  |  |
| <b> </b>   | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                     |   |                 |           |                |                          |        |         |                         |                        |        |                 |                        | 1  |  |
| ျပ   |   | REMAINING<br>AFTER                        |                 | NU        | MBER<br>MOUSLY | PRESENT                  | ı      | RATE    | TF                      | ADDI-<br>TIONAL        | RATE   | ADDI-<br>TIONAL |                        |    |  |
|  |   | AMENDMENT                                 |                 |           | D FOR          | EXTRA                    | 1      | MIE     |                         | FEE                    |        | MAIE            | FEE                    |    |  |
| AMENDMENT C  | Total   | •   | Minus           | **        |                | 8                        |        | X\$     | 9=                      |                        | OR     | X\$18=          |                        |    |  |
|  | Independent   | •   | Minus           | ***       | P (* ***       |                          | #      | X4      | 2=                      |                        | OR     | X84=            |                        | 1  |  |
| ᆫ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                 |           |                |                          |        |         |                         | 1                      | 1      |                 |                        | 1  |  |
| <b>l</b> .   | If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. |   |                 |           |                |                          |        |         | IO=<br>OTAL             | <b>↓</b>               | OR     | L               |                        | 4  |  |
| L  |   |   |                 |           |                |                          |        |         |                         |                        | OR     | ADDIT. FEI      |                        | 4  |  |
|  | The "Highest Nur  | imber Previously Pe<br>mber Previously Pe | id For (Total o | r Indeper | dent) is th    | e highest numb           | oer to | ound in | the e                   | ppropriate bo          | x in c | olumn 1.        | •                      |    |  |
| <u> </u>   | M PTO 878 /Rev R  |   |                 |           |                |                          |        |         | 7                       |                        | 16.01  | DADTMENT (      | OF COMMERC             | لٍ |  |